## **Massachusetts Nongroup Health Insurance**

Guaranteed Issue Plan Rates for the Period Between December 1, 2005 and November 30, 2006

	Plan	Plan Name	Sample Monthly Rates						
Company			Single 25 Yr Old		Family		Two Adults		
					35 Yr Old w/Sp+2 Children		63 Yr Old w/60 Yr Old Spouse		
			Boston	Springfield	Boston	Springfield	Boston	Springfield	
Blue Cross and Blue Shield	Pref Prov Plan	\$250 Deductible	\$608.43	\$535.86	\$1,437.71	\$1,266.24	\$2,174.00	\$1,914.71	
of Massachusetts, Inc.		\$5000 Deductible	\$289.61	\$255.07	\$684.35	\$602.73	\$1,034.82	\$911.40	
Consumer Sales									
401 Park Drive, 01-06									
Boston, MA 02215-3326									
1-800-422-3545									
Website:	www.bluecrossma.com								
Enhanced Benefits (if any):	Fitness and Weight Loss Benefit Programs, Mail order drug program.								
Premium by Geographic Area?	Yes.								
Payment Mode Discount?	No, only monthly rates are available.								
Only available through associations?	No.								
2005-2006 Enrollment:	May contain up to a 6-month waiting period depending on prior creditable coverage.								

Blue Cross and Blue Shield	HMO Plan	Standard	\$459.72	\$404.89	\$1,086.33	\$956.77	\$1,642.66	\$1,446.74	
of Massachusetts HMO Blue, Inc.		Value	\$318.59	\$280.59	\$752.82	\$663.04	\$1,138.36	\$1,002.59	
Consumer Sales									
401 Park Drive, 01-06									
Boston, MA 02215-3326									
1-800-422-3545									
Website:	www.bluecrossn	na.com							
Enhanced Benefits (if any):	Fitness and Weight Loss Benefit Programs, Mail order drug program.								
Premium by Geographic Area?	Yes.								
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Only available through associations?	No.								
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